DOCUMENT RESUME

ED 249 202 SP 025 289

AUTHOR Flatten, Kay; And Others
TITLE Outreach: Recreation and Exercise for the Home-Centered Elderly.
PUB DATE 84
NOTE 16p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Delivery Systems; Exercise; Health Programs; *Homebound; *Home Visits; Human Services; *Older Adults; Recreational Programs; *Volunteer Training

ABSTRACT

The increasing need for "friendly visitor" programs for the homebound elderly has led to the development of curricular and training materials provided by "Outreach: Recreation/Exercise for Home-Centered Elderly." The "Outreach" materials are designed to train and guide volunteers who work with older adults. The materials are organized into twelve units: (1) exercise for strength and flexibility; (2) arts and crafts; (3) remembering the past; (4) exercise for arthritis and diabetes; (5) exercise for special purposes; (6) understanding old age; (7) music; (8) hobbies; (9) different cultures; (10) food and nutrition; (11) literature; and (12) games. The first section of the visit plan provides basic information to the volunteer service provider, such as a description of the specific activity, benefits of the activity, and goals and objectives of the activity. The second section provides information regarding what the volunteer service provider will need to do in preparation for the visit. In the third section, the volunteer is provided step-by-step instructions for conducting the activity. Lastly, the visit plan includes ideas for modifying the visit to meet individual needs and tips for safety. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED249202

Outreach: Recreation and Exercise for the Home-Centered Elderly

Kay Flatten, P.E.D., Barbara Wilhite, Ed.D., and Didi Reyes, M.A.*

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Barbara Wilhite
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Introduction

The demographic trend in the United States toward an increasing older population has been well publicized. There are some aspects of this change which indicate a need to increase the attention given to programs for the very old, 85 plus, and/or frail portion of our population.

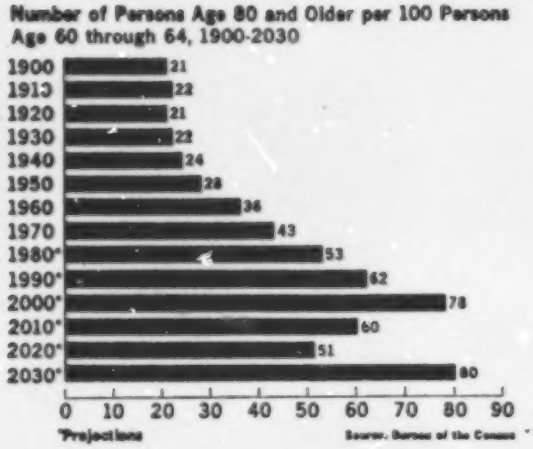
One demographic statistic of interest is the increasing life expectancy and its effect on family structure. In 1900, only 41 percent of individuals born could expect to reach age 65, while approximately six percent could expect to reach 85. By 1978, nearly 76 percent could expect to reach age 65 and 26 percent, age 85. In addition, the proportion of older people in the population has increased significantly. Figure 1 depicts the growth of persons 80 and older relative to the 60-64 age group.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

SP 025 289

*Dr.'s Flatten and Wilhite are Assistant Professors in the Department of Physical Education and Leisure Studies at Iowa State University. Ms. Reyes is a Graduate Assistant in the Interdisciplinary Gerontology Program at Iowa State University.

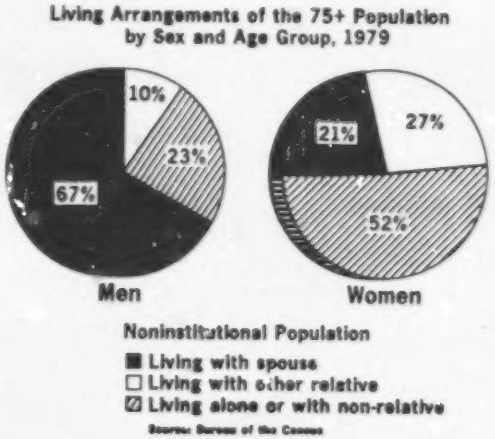
Figure 1



In 1900 there were only 21 persons age 80 and over for every 100 persons age 60-64. By the year 2000 this number will increase to 78 per 100. (Bureau of Census, 1979) This increasing number of older people, relative to those in the middle years, affects the nature and stability of family support systems for aging. This trend reflects a decline in the pool of middle-aged people available to help older family members. Therefore, one can expect the number of isolated very old people to increase in the near future.

Living arrangements reported in the 1979 census are another aspect of current demographic trends indicating a need to address the problems of isolated elderly.

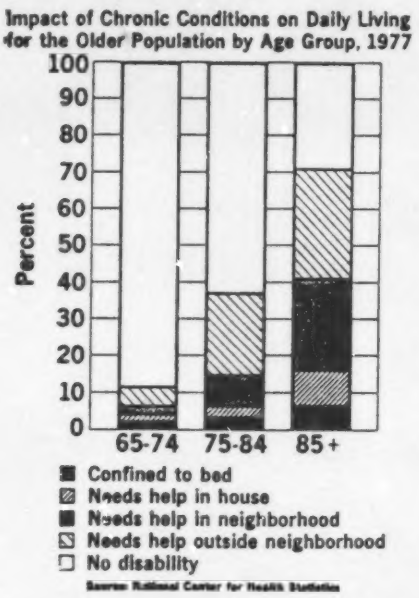
Figure 2



As illustrated in figure 2, most women 75 and older live alone. Relatively small numbers of either sex live with children or other relatives. This statistic can be expected to increase in light of the trends discussed earlier.

If more people are living alone without the support of middle-aged children, what conditions exist which might affect their mobility? Living alone does not in and of itself dictate social isolation. If a person is limited in his or her ability to leave the home or neighborhood, however, social isolation is almost assured without home-delivered programs. Chronic conditions such as arthritis, heart conditions, and visual impairments may limit the mobility of an aging person. The National Center for Health Statistics reports that 28 percent of the people 85 and older who have one or more chronic conditions experience no mobility problems. The remaining 72 percent need help in varying amounts as shown in figure 3.

Figure 3



Those persons who are confined to bed or need help in the home depend upon home-delivered services and programs. The remaining 52 percent needing assistance when venturing outside the home may not be able to leave home by choice. Both groups would benefit from outreach recreation and exercise activities.

These three factors, (1) the increase in number and proportion of aged in the population, (2) the changing nature of family support systems and status of living arrangements, and (3) the chronic conditions affecting mobility, converge to create many interesting and challenging societal problems. A greater demand to meet needs of the elderly, such as those pertaining to recreation and exercise, will certainly be placed on those individuals who provide services. Friendly visitor programs are one avenue through which these needs are addressed.

Home Visitation Programs

Mulligan (cited in Bennett, 1980) defines a friendly visitor program as a social service program that provides the support to promote independent living for aged remaining in the community. It is a program that tries to locate and assess those at risk in the community by providing routine, regular, and frequent home visits. Moreover, it is a service that educates the friendly visitor to know the person in his/her natural surroundings rather than as an institutionalized person conditioned by norms and forms.

Studies regarding the benefits gained by home-centered elderly through friendly visiting programs have been conducted (Mulligan and

Bennett, 1977; Bogart and Jason, 1983). Directional tendencies for improvement in life satisfaction, perceived health status, and social isolation were found when home visits were received over an extended period. Friendly visitor programs can be a vital link between the isolated elderly and community services available for their physical, mental, and social welfare. In addition, if visitors are trained to recognize signs of crisis in aged persons in their own homes, the program may prevent a crisis leading to relocation of the aged person; a stress which is fatal to many elderly persons (Kasl, 1972; Lawton and Nahemow, 1973; Marlowe, 1973; Schulz and Brenner, 1977).

The professions of recreation and physical education can contribute to the impact of home visitations in three ways. First, benefits are gained through involvement in recreation activities. For the aging population, these benefits include a renewed involvement in the mainstream of life, an increased awareness and widening concept of what recreation is, a reawakening of creative impulses, the encouragement of social involvement, and the provision of meaningful roles in retirement (Pomeroy, 1977; Shivers and Fait, 1980; Heywood and Vigoda, 1983). Second, physical exercise, even without cardiovascular training effect, provides potential benefits to elderly participants in the areas of improved muscular strength (Larsson, et al., 1979; Murray, et al., 1980), maintenance of bone mass (Smith, 1980; Aloria, 1981), and joint range of motion (Boone and Azen, 1979). These physical parameters are important factors in moving confidently within one's own environment. Third, recreation and exercise program materials developed for use by para-professionals during home visitations, strengthen friendly visiting programs by providing meaningful content as well as structure. These materials can direct visitation time away from conversations

about losses toward positive, self-improving activities.

Recreation and exercise opportunities are presently organized and offered through four major patterns: (1) voluntary organizations such as sectarian agencies, fraternal and civic-service associations, interest groups, etc.; (2) commercial enterprises such as resorts, health spas, theaters, bowling centers, amusement parks, etc.; (3) private/non-profit agencies such as the Salvation Army, Young Men's and Young Women's Christian Associations, Red Cross, etc.; and (4) public leisure service agencies such as municipal park and recreation departments, government supported programs such as Senior Citizen centers and congregate meal sites, etc. (Shivers and Fait, 1980). To take advantage of these opportunities as they are currently conceived and delivered requires individual initiative and the ability to be mobile for participation (Pomeroy, 1977). Participation by the home-centered elderly population, however, is limited, whether due to chronic or temporary disability, lack of transportation, unawareness or nonacceptance of opportunity, and/or economic circumstances. This populations's concept of recreation and exercise and its value may also prove a barrier to participation (Pomeroy, 1977; McAvoy, 1977). Kaplan (1975) refers to a crisis of meaning illustrated by these questions: (1) What is a person's worth if he/she is not earning his/her own way in society? (2) What makes life worth living? and (3) Is there anything for which to strive? This population may not realize the potential for gaining self-respect, identity, and personal significance through recreation and exercise pursuits.

Labanowich, Andrews, and Pollock (1978) reported a paucity of information relative to existing home-centered recreation/exercise programs. They felt this lack of information was representative of current efforts to provide these services in this

manner. Through a literature review conducted by the authors and various discussions with professionals working in recreation, physical education, and gerontology, it was concluded that a lack of information still exists. It is possible, however, that expanded outreach recreation/exercise services are being provided, but are not being reported. In addition, information regarding the nature of these programs is not disseminated on a wide-scale basis.

Pomeroy (1977) reported an absence of leadership as one deterrent to successful outreach recreation/exercise services. Outreach programs, as an adjunct function of existing recreation/exercise service delivery agencies appears a logical outgrowth of their services. Recreation and physical education professionals can respond to this call for leadership by expanding their expertise and moving into this sphere of human service.

Outreach: Recreation and Exercise for the Home-Centered Elderly

It was in response to a call for curricular and training materials that "Outreach: Recreation/Exercise for Home-Centered Elderly" was conceived. Program directors requested assistance in developing activities which could be incorporated into existing friendly visitor programs. In addition, training of visitors and the development of a preferred service delivery model was requested. This project is currently funded through the Research Institute for Studies in Education, Iowa State University, and the Hall Foundation, Cedar Rapids, Iowa.

The recreation/exercise curricular materials developed by the authors are organized into twelve units. Each unit is developed around one central theme. These include: (1) exercise for strength and flexibility, (2) arts and crafts, (3) remembering the past, (4)

exercise for arthritis and diabetes, (5) exercise for special purposes, (6) understanding old age, (7) music, (8) hobbies, (9) different cultures, (10) food and nutrition, (11) literature, and (12) games. The themes were determined through an interest inventory administered to local senior adults.

Twelve individual visit plans are contained within each unit. Each visit is planned to last approximately one hour and one visit per week is recommended. The first visit plan in each unit is an assessment plan and is common to all units. The next nine visit plans are individual activities reflecting the theme of the unit. The eleventh visit plan provides community resource and referral information pertaining to the theme of the unit. This approach reflects a desire to encourage re-integration into the mainstream of the community to the greatest possible extent. The last visit is a follow-up on the referral visit and a summary of the activities in the unit. In this visit the volunteer ensures that the gap between informing the recipient of the programs available in the community and the actual contact with those agencies has been initiated. If the volunteer wishes to introduce an activity centering around the unit theme of his/her own design, this visit can be used for that opportunity.

The visit plans were specifically designed and written for use by older adult volunteers affiliated with the Retired Senior Volunteer Program. Various special considerations were made in the development of the visit plan. For example, the terminology utilized in the visit plan is easily understood by the para-professional. Terms such as benefits, goals, and behavioral objectives are replaced by the phrases "good points about the visit," "purpose of the visit," and "what the host will do." The materials are also written with sensitivity to user interpretation

of descriptive terms. For example, "volunteer" and "home-centered" may be perceived negatively by the two people involved in the visit. Thus, the terms "visitor" and "host" are utilized. These terms reflect positive social interaction.

The structure of the home visitation is clearly delineated in the visit plan. The first section of the visit plan provides basic information to the volunteer service provider such as a description of the specific activity, benefits of the activity, goals and objectives of the activity, etc. The second section provides information regarding what the volunteer service provider will need to do in preparation for the visit. In the third section, the volunteer is provided step-by-step instructions for conducting the activity. Lastly, the visit plan includes ideas for modifying the visit to meet individual needs and tips for safety. The visit plan is appended to this article.

It is essential that each visit begin with a review of the activity conducted in the previous visit. In addition, it is important to preview what will occur during the next visit. This structure will assist in maintaining continuity between visits, particularly if problems with short-term memory are present.

Equally important is the time taken by the volunteer during the beginning of each visit to note the present condition of the host. Some days will not be good days for the host, and any attempt to force a planned activity on such days may prove counter-productive. Also, this provides an opportunity to note special problems and concerns which can be referred to other home-centered service providers such as Visiting Nurses, Homemaker-Health Aides, etc.

Providing a time to share a snack is another subtly important use of visit time. Social interactions involving food are prevalent

in our culture and can be significant to the participants. This responsibility can be shared between the visitor and host, thus providing an opportunity for the host to experience a feeling of responsibility and self-worth by preparing something for the visit. The host is then provided the chance to give as well as to receive. Snacks should be simple and healthful; however, the option to delete snack time can be chosen if desired.

A unique feature of each visit is a concept called "sharing the basket." This idea was promoted by the developers of a similar program in New York entitled "Windows to the World" (NCOA, 1981). It is recommended that the volunteer service provider visit at least two home-centered elderly recipients. When visiting each home-centered recipient, the volunteer will ask if there is something of interest he/she would like the volunteer to take and share with the other home-centered recipient. The volunteer then places the item in the basket and listens to the story or information about the item. On the next visit to the second home-centered elderly recipient, the volunteer shows the item(s) and gives the explanation of its significance. Likewise, the volunteer then takes an item from this second home-centered recipient back to share with the first. Thus, on each visit the volunteer will return the shared item to the first home-centered recipient, explain items from the second recipient, and collect a new item of significance to share in return. In this way, the volunteer serves as a means of communication between two or more people which may develop further through telephoning, letter writing, and possibly visiting.

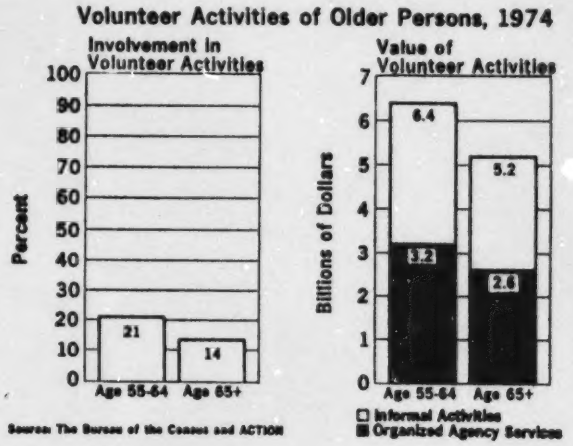
Summary

As stated previously, outreach recreation and exercise are

a logical extension of these services as presently provided. It is not financially feasible, nor efficient, however, to establish a separate agency/department or separate unit/division within the agency for this purpose. The service delivery model recommended by the authors involves working within already existing networks of service to the home-centered elderly. This approach is demonstrated by working within friendly visiting programs and utilizing Retired Senior Volunteer Program personnel.

As illustrated in figure 4, the well elderly have great potential as a resource in delivering these services.

Figure 4



A survey conducted by the Bureau of Census for the federal agency for voluntarism, ACTION, revealed that about seven million persons age 55 and older were engaged in volunteer work. One out of every five persons age 55-64 and one out of seven age 65 and older contributed an average of eight hours of service weekly to volunteer activities in their communities. The dollar value of these services is estimated to be $11.6 billion (White House Conference on Aging, 1981). With current government budgetary cutbacks, the volunteer

segment of our society plays a very crucial role in servicing home-centered and isolated elderly.

The proof of the value of this type of intervention obviously will rest in the actual use of the curricular materials and the service delivery approach. It is believed that this intervention will provide desired positive results. In addition, this type of intervention can be adapted for use by other service recipients such as developmentally disabled, chronically mentally ill, etc. The intervention described in this paper can also be used in different settings, such as extended care facilities, and with volunteers representing various ages and backgrounds. One such recommendation is the use of these activities in an intergenerational visiting program.

Recreation and exercise professionals believe in the value of their services for all people. In addition, all people have a right to these opportunities. Public support is being extended in the belief that opportunities are being made available for everyone to engage in these services. It has been taken for granted, however, that the elderly have equal opportunity to utilize both the facilities and services provided by these professions. These services should be where the people are! If this population cannot come to the recreation/exercise site, then the service should be taken to the home. Recreation and exercise professionals must first recognize the failure to deal effectively with this "hidden population" and to realize this failure can be corrected and prevented in the future. Steps must then be taken to correct the recreation and exercise service delivery systems to avoid this neglect. This includes providing technical expertise in the development of curricular and training materials. When these steps are begun, belief in the value of these services will be demonstrated and reaffirmed to our society.

BEST COPY AVAILABLE

Bibliography

Allan, C.A. and H. Brotman, compilers. Chartbook on Aging in America. 1981 Whitehouse Conference on Aging, Washington, D.C.

Aloia, J. "Exercise and Skeletal Health." Journal of the American Geriatric Society, March, 1981, XXIX (3): 104-107.

Bogart, A.G. and L. Jason. "An Evaluation of Two Visiting Programs Elderly Community Residents." International Journal of Aging and Human Development, 1983, 17 (4): 267-279.

Boone, D.C. and S.P. Azen. "Normal Range of Motion of Joints in Male Subjects." Journal of Bone and Joint Surgery, July, 1979, 11-A (5): 756-759.

Heywood, L.A. and D. Vigoda. "Community Recreation's Response to the Older Adult." Leisurability, 1983, 10 (2): 16-21.

Kaplan, M. Leisure: Theory and Policy. New York: John Wiley and Sons, 1975.

Kasl, S. "Physical and Mental Health Effects of Involuntary Relocation and Institutionalization - a Review." American Journal of Public Health, 1972, 62: 379-384.

Labanowich, S., N.B. Andrews, and J. Pollock. Recreation for the Homebound Aging: State of the Art. Lexington: University of Kentucky, 1978.

Larsson, L., G. Grimby, and J. Karlsson. "Muscle Strength and Speed of Movement in Relation to Muscle Morphology." Respiratory Environmental Exercise Physiology. 1979, 43: 451-455.

Lawton, M.P. and L. Nahemow. "Ecology and the Aging Process." In Eisdorfer, C. and M.P. Lawton (eds.), Psychology of Adult Development and Aging. Washington: American Psychological Association, 1973: 619-674.

Marlowe, R.A. "Effects of Environment on Elderly State Hospital Relocates." Paper presented at annual meeting of the Pacific Sociological Association, Scottsdale, Arizona, May 1973.

Mulligan, M.A. "Reduction and Prevention of Isolation in the Community Aged: Friendly Visiting." In Bennett, R. (ed.), Aging, Isolation and Resocialization. New York: Van Nostrand Reinhold, 1980: 87-103.

Mulligan, M.A. and R. Bennett. "Development and Evaluation of a Friendly Visitor Program for the Community Aged." International Journal of Aging and Human Development. 1977, 8 (1): 43-66.

Murray, P.M. G. Gardner, L. Mollinger, and S. Sepic. "Strength of Isometric and Isokinetic Contractions." Physical Therapy.

1980, 60 (4): 412-415.

McAvoy, L.H. "Needs of the Elderly: An Overview of the Research." Parks and Recreation. March 1977, 12 (3): 31-34 and 55.

Pomeroy, J. "Outreach: An Approach to Serving the Leisure Needs of the Isolated Elderly." Leisure Today. Journal of Physical Education and Recreation, October, 1977: 21-23.

Public Health Service. Health Resource Administration. Limitations of Activity and Mobility Due to Chronic Conditions. Vital and Health Statistics, Data from the National Health Survey. Series 10, No. 96, Department of Health, Education, and Welfare Publication (HRA)75-1523. Rockville: National Center for Health Statistics, 1974.

Schulz, R. and G. Brenner. "Relocation of the Aged: A Review and Theoretical Analysis." Journal of Gerontology. 1977, 32: 323-333.

Smith, E.L. "The Aging Process and Benefits of Physical Activities." Research and Practical Activity Programs for the Aging. Pre-Convention Symposium and Workshop Papers, American Alliance of Health, Physical Education, Recreation, and Dance, 1982: 1-28.

Shivers, J.S. and H. Fait. Recreational Service for the Aging. Philadelphia: Lea and Febiger, 1980.

Windows to the World. 1981 National Council on Aging Conference, Nashville, Tennessee.

BEST COPY AVAILABLE